



DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration or Declaration Submitted After Initial Filing

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|----------------------|------------|
| Attorney Docket No. | 24649A |
| First Named Inventor | Flaunt |
| COMPLETE IF KNOWN | |
| Application Number | 09/409,457 |
| Filing Date | 9/30/99 |
| Group Art Unit | 1714 |
| Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Superabsorbent Water-Resistant Coatings

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 9/30/99 as United States Application Number or PCT International Application Number 09/409,457 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto |
|-----------------------|--------------------------|---|
| | | |

DECLARATION - Utility Or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application Number(s) | PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|-----------------------------------|-------------------|---------------------------------|--------------------------------------|
| | | | |

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark office connected therewith:

Customer Number _____ Place Customer Number _____
OR Bar Code Label Here

Registered practitioner(s) name/registration number listed below

| Name | Registration Number | Name | Registration Number |
|------------------------|---------------------|-------------------|---------------------|
| C. Michael Gegenheimer | 33,387 | James J. Dottavio | 40,360 |
| Inger H. Eckert | 38,017 | | |
| Stephen W. Barns | 38,037 | | |
| Anthony R. Chi | 41,479 | | |

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number _____ OR Correspondence address below
or Bar Code Label _____

| | | | | | | |
|---------|---------------------------------|-----------|--------------|-----|--------------|--|
| Name | Docket Administrator | | | | | |
| Address | Owens Corning | | | | | |
| Address | 2790 Columbus Road, Building 54 | | | | | |
| City | Granville | State | Ohio | ZIP | 43023 | |
| Country | USA | Telephone | 740/321-7168 | Fax | 740/321-8024 | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

Martin C. Flautt

Inventor's Signature  Date 11-12-99

Residence: City Granville State Ohio Country USA Citizenship USA

Post Office Address

Post Office Address 230 Knoll Drive

City Granville State Ohio ZIP 43023 Country USA

Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

SUPPLEMENTAL ADDITIONAL INVENTOR(S) SHEET

| | | | | | | | |
|--|---|---|------|------------------------|-------|-------------------|-----|
| Name of Second Inventor: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| James R. | | | | Priest | | | |
| Inventor's Signature: | | | | | Date | 12, November 1999 | |
| Residence: City | Nashport | State | Ohio | Country | USA | Citizenship | USA |
| Post Office Address | | | | | | | |
| Post Office Address | 7285 Cedar Court East | | | | | | |
| City | Nashport | State | Ohio | ZIP | 43830 | Country | USA |
| Name of Third Inventor: | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| David V. | | | | Stotler | | | |
| Inventor's Signature: | | | | | Date | Nov. 1, 1995 | |
| Residence: City | Newark | State | Ohio | Country | USA | Citizenship | USA |
| Post Office Address | | | | | | | |
| Post Office Address | 1158 Sharon Valley Road | | | | | | |
| City | Newark | State | Ohio | ZIP | 43055 | Country | USA |
| Name of Fourth Inventor: | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| Thomas P. | | | | Hager | | | |
| Inventor's Signature: | | | | | Date | 10/20/99 | |
| Residence: City | Westerville | State | Ohio | Country | USA | Citizenship | USA |
| Post Office Address | | | | | | | |
| Post Office Address | 1109 Lake Point Drive | | | | | | |
| City | Westerville | State | Ohio | ZIP | 43082 | Country | USA |
| Name of Fifth Inventor: | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| | | | | | | | |
| Inventor's Signature | | | | | Date | | |
| Residence: City | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | State | | ZIP | | Country | |
| Name of Sixth Inventor: | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| | | | | | | | |
| Inventor's Signature | | | | | Date | | |
| Residence: City | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | |
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